

CLAIMS ONLY						Application Number 10618666		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
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46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend			13				Total Depend			
Total Claims			14				Total Claims			